

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 91709
Permit No. _____
Basin 151

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **48978**

OWNER **BUDDY SEGURA**
MAILING ADDRESS **300 LAZY HEART LANE**
FALLON, NV 89406

ADDRESS AT WELL LOCATION **300 LAZY HEART LANE**

2. LOCATION **NE 1/4 NW 1/4 Sec. 18 T 18**
PERMIT NO. _____
Issued by Water Resources _____ Parcel No. 006-821-03

N/S R **29 E** **CHURCHILL** County

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	1	-148
BROWN SAND		1	17	16
GREY CLAY		17	28	11
BLACK SAND		28	60	32
GREY SAND		60	75	15
GREY CLAY		75	80	5
GREY SAND		80	110	30
GREY CLAY		110	120	10
BROWN SAND	X	120	149	29

8. WELL CONSTRUCTION
Depth Drilled **149** Feet Depth Cased **149** Feet
HOLE DIAMETER (BIT SIZE)
From 0 Feet To 50 Feet
10 3/4 Inches
6 1/8 Inches 50 Feet 149 Feet
Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.9	.188	+1	149

Perforations:
Type perforation **MACHINE SLOT**
Size perforation **.080**
From **142** feet to **147** feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal **50** Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level **12'8"** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature **COOL** °F Quality **UNTESTED**

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **WELSCO CORP.** Contractor
Address **P. O. BOX 888** Contractor
FALLON, NV 89406

Date started **5/10/1993** 2003, 19____
Date completed **5/15/1993** 2003, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	50+		1 HR

Nevada contractor's license number issued by the State Contractor's Board **11752**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2199**
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date **6/17/200**